

STATEMENT UNDER 37 CFR 3.73(B)Applicant/Patent Owner: Michael BUSCHLE, Andre HABEL, Jorge FRITZ, Karin PRINZ, and Karen LINGNAUApplication No./Patent No. 10/550,754Filed/Issue Date: September 23, 2005Entitled: IMPROVED VACCINESIntercell AG

(Name of Assignee)

, a company(Type of Assignee, e.g., corporation, partnership,
university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 019085, Frame 0711, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
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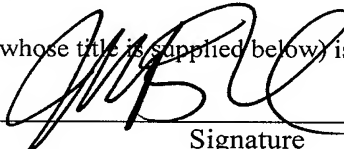
2. From: _____ To: _____

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Reel _____, Frame _____, or for which a copy thereof is attached.☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.[NOTE: A separate copy (*Le.*, a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.081]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



Signature

May 10, 2007

Date

Mark B. Wilson, Reg. No. 37,259

Printed or Typed Name

(512) 474-5201

Telephone Number

Attorney

Title

SONN:076US

File Code

46172

POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM	Application Number:	10/550,754
	Filing Date:	September 23, 2005
	First Named Inventor:	Michael BUSCHLE
	Art Unit:	1648
	Examiner Name:	Emily M. LE
	Attorney Docket Number:	SONN:076US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 32425

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

OR ☒ The address associated with Customer Number: 32425

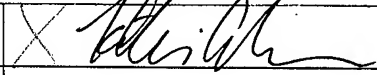
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD

Signature			
Name	Dr. Katherine Cohen Vice President Corporate Licensing & IP		
Title and Company	INTERCELL AG	Telephone	
Date	<input checked="" type="checkbox"/> April 10, 2007		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.